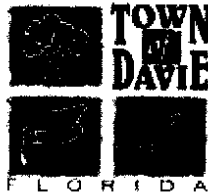


Address change \_\_\_\_\_



**TOWN OF DAVIE**  
6591 ORANGE DRIVE  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE FRONT PAGE ONLY

BUSINESS NAME: Pam Kagan Marketing Inc.

BUSINESS STREET ADDRESS: 14320 Arlington Place ZIP 33325

BUSINESS MAILING ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: 954 252-4300

DESCRIBE TYPE OF BUSINESS: Internet development services

BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Pam Kagan</u>	<u>14320 Arlington Place</u>	<u>33325</u>	<u>252-4300</u>

2. \_\_\_\_\_

Federal ID Number or Social Security Number: \_\_\_\_\_

*I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 01, and must be renewed before October 1st.*

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Pam Kagan - Director  
Print Owner or Officers Name and Title

[Signature]  
Signature of Owner or Officer

Office Use Only: Date <u>3/28/01</u> Category <u>051001</u> Fee <u>4.41</u> Rec# _____ New _____ Trans <input checked="" type="checkbox"/>	
License # <u>01-14984</u>	Control # <u>12593</u> Zoning <u>R-1</u>
(See Manual Sec. 3)	
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
BUILDING APPROVAL _____	

OWNER SIGNATURE REQUIRED ON PAGE 2 OF APPLICATION